

Date Identified (MM/DD/YYYY)	Brief Description Of Issue (Completed By The CNS Audit Lead)	Condition Language (Completed By The CNS Audit Lead)	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed by PACE Operations)	Root Cause Analysis for the Issue (Explain why it happened)	Mitigation - Describe the process that was undertaken to determine the # of individuals impacted	# of Individuals Impacted	Action Taken to Resolve System Operational Issues	Date System Operational Resumption Initiated (MM/DD/YYYY)	Date System Operational Resumption Completed (MM/DD/YYYY)	Action Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Resumption Initiated (MM/DD/YYYY)	Date Individual Outreach and Resumption Completed (MM/DD/YYYY)

Participant First Name	Participant Last Name	Participant ID	Were Assessments Completed by Members of the IDT? (Y/N)	IDT Members Who Completed Assessments.	Were There Any Missed Appointments, Center Attendance, Etc.? (Y/N)	If Yes, When Were the Missed Appointments, Center Attendance, Etc.?	Number of Vehicles Available to Provide Transportation at the Time That the Appointments, Center Attendance, Etc. Were Missed.	Were Any Vehicles Available That Were Accessible to the Participant? (Y/N)	Were There Any Negative Outcomes? (Y/N)	If Yes, What Were the Negative Outcomes?	[Other Data Requested]	[Other Data Requested]	[Other Data Requested]
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